

OLIFF & BERRIDGE, PLC  
Telephone: (703) 836-6400  
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CUSTOMER NUMBER 25944

In re the Application of

Osamu OKUMURA et al.

Application No.: 09/671,354

Filed: September 27, 2000

For: REFLECTIVE TYPE COLOR LIQUID CRYSTAL DEVICE AND AN ELECTRONIC APPARATUS  
USING THIS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Entitlement to small entity status is hereby asserted.  
☐ Small entity status of this application has been established.

Any additional claim fees have been calculated as shown below:

|  | (Column 1)                                | (Column 2)                            | (Column 3)       |
|--|---|---------------------------------------|------------------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| TOTAL CLAIMS   | *41 MINUS                                 | **35                                  | =6               |
| INDEP CLAIMS   | *6 MINUS                                  | ***6                                  | =0               |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |                                       |                  |

| SMALL<br>ENTITY |              |
|-----------------|--------------|
| RATE            | ADD'L<br>FEE |
| x 25            | \$           |
| x 100           | \$           |
| + 180           | \$           |
|                 | \$           |

| OTHER THAN A<br>SMALL ENTITY |              |
|------------------------------|--------------|
| RATE                         | ADD'L<br>FEE |
| x 50                         | \$ 300       |
| x 200                        | \$           |
| + 360                        | \$           |
|                              | \$ 300       |

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ Check No. 185052 in the amount of \$300.00 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

  
James A. Oliff  
Registration No. 27,075

Mario A. Costantino  
Registration No. 33,565